

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Dr. Richard **63-014863**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **15** Primary Registration District No. **3004** Registrar's No. **44** STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/591 **0061**2 **0061**3 **2**4 **0**5 **2**

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 14 1963

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar	
Length of stay in 1b 77 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Memorial		d. STREET ADDRESS (If outside, give location) 1203 Gulf Street	
3. NAME OF DECEASED (Type or print) COUNT SMYTH		4. DATE OF DEATH Month May Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-9-1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Operator		10b. KIND OF BUSINESS OR INDUSTRY Laundry	9. AGE (last birthday) 85
11. BIRTHPLACE (City and state or country) Uniontown, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME H. H. Smyth		13b. MOTHER'S MAIDEN NAME Elizabeth Wright	
14. NAME OF HUSBAND OR WIFE Winona Miller Smyth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. 5 Josephine Mynatt Lamar, Missouri		17. INFORMANT 5 Josephine Mynatt Lamar, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Pyelitis, Rt Kidney DUE TO (c) Prostatic myoma, Jan 1955. - Kidney Damage PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH Apr. 24, 63 Apr 24, 63	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 7:25 a.m. Month, Day, Year Apr 24, 63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Lamar, Missouri		COUNTY Barton STATE Missouri	
21. I attended the deceased from Apr 24, 63 to May 7, 63 and last saw him alive on May 7, 1963 Death occurred at 7:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Dr. Richard (Degree or title)	
22b. ADDRESS Lamar, Missouri		22c. DATE SIGNED May 8, 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 9, 1963	
23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		23d. LOCATION (City, town, or county) Lamar, Missouri	
24. FUNERAL DIRECTOR Bruce-Konantz Lamar, Missouri		25. DATE RECD. BY LOCAL REG. May 9-1963	
26. REGISTRAR'S SIGNATURE Marie Konantz			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.